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Washington, D.C. 20540

**MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 090 786604 FILING DATE _____
APPLICANT _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		2		2		/	53						
4		2		2		/	54						
5		2		2		/	55						
6		2		2		/	56						
7		2		2		/	57						
8		2		2		/	58						
9		2		2		/	59						
10		2		2		/	60						
11		2		2		/	61						
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13		2		2		/	63						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		1		TOTAL IND.						
TOTAL DEP.	14		18		13		TOTAL DEP.						
TOTAL CLAIMS	15		19		14		TOTAL CLAIMS						

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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